

**P17000037354**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Billy Williamson Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

17 APR 25 PM 12:05

EXCELSIOR CORPORATE SERVICES

17 APR 25 AM 8:46  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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APR 26 2017

T. SCOTT

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Billy Williamson Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7478 Pochard Ct

7478 Pochard Ct

Lake Worth, FL 33463

Lake Worth, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation  
may be formed.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: William Williamson - Director

Name and Title: \_\_\_\_\_

Address 7478 Pochard Ct

Address: \_\_\_\_\_

Lake Worth, FL 33463

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

17 APR 25 AM 8:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: William Williamson  
Address: 7478 Pochard Ct  
Lake Worth, FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Williamson  
Address: 7478 Pochard Ct  
Lake Worth, FL 33463

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

William D Williamson  
Required Signature/Registered Agent

4/25/17  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

William D Williamson  
Required Signature/Incorporator

4/25/17  
Date